

Send by 28th of the Month to:

Indiana Department of Environmental Management

Office of Water Quality, Data Management Section

P.O. Box 6015

Indianapolis, Indiana 46206-6015

## Monthly Report of Operation Package Type Wastewater Treatment Plants

(Pending Approval - 9/02)

Name of Facility			Permit Number	
Certified Operator: Name		Class	Certificate Number	Expiration Date
Month:			Year	

General Information				Bypasses/ Overflows		Raw Wastewater						Aeration Tank					Final Effluent											
Day of the Month	Day of the Week	Man Hours	Precip. - Inches	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow (MG)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)		30 Minute Settling	MLSS	D.O.	WAS Gal.		Effluent Flow (MG)	pH	CBOD (mg/l)	TSS (mg/l)	D.O. (mg/l)	Residual Chlorine (mg/l) - Contact	Residual Chlorine (mg/l) - Final	E. Coli colony/100 ml	Ammonia (mg/l)	Phosphorus (mg/l)		
1																												
2																												
3																												
4																												
5																												
6																												
7																												
8																												
9																												
10																												
11																												
12																												
13																												
14																												
15																												
16																												
17																												
18																												
19																												
20																												
21																												
22																												
23																												
24																												
25																												
26																												
27																												
28																												
29																												
30																												
31																												
Average																												
Maximum																												
Minimum																												
Total																												
Sludge Hauled Off Site (Gal):						<p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</p>																				Signature of Certified Operator		Date
																										Signature of Officer, Principal Executive, or Authorized Agent		Date

## Worksheet & Comments

Name of Facility	Total Monthly Flow <div style="text-align: right;">mg</div>
------------------	--

MONTHLY REMOVAL SUMMARY			
	BOD5	S.S.	Phosphorus
Percent Removal			

Day of the Month	Influent Loading			Effluent Loading				Enter Comments Below:
	CBOD (lbs/day)	TSS (lbs/day)	Phosphorus (lbs/day)	CBOD (lbs/day)	TSS (lbs/day)	Phosphorus (lbs/day)	Ammonia (lbs/day)	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
Avg								
Max								
Min								
Phone Number:								
								Signature of Certified Operator <span style="float: right;">Date</span>
								Signature of Officer, Principal Executive, or Authorized Agent <span style="float: right;">Date</span>